

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

**Charitta Burt, Paralegal**

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Copy of ISR EP, Copy of IPER \_\_\_\_\_  
Assignee information: \_\_\_\_\_  
Priority Info: Country GB No. 0226271.5 date 11.11.02 MORE  
Correspondence checked: 11.11.02 deposit account \_\_\_\_\_  
Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_  
International Application No. PCT GB2003/004932 Language En  
Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_  
371 Filing Fees: \_\_\_\_\_; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_  
Total Claims: 22 Chargeable 22 Independent 4 multiple \_\_\_\_\_  
Number of drawing Sheets: 4 Foreign language: \_\_\_\_\_  
Oath/Declaration: ✓ signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 1.3.06 Power of Attorney: \_\_\_\_\_  
Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_  
Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_  
Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_  
Copy ISA References \_\_\_\_\_  
Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_  
Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_  
IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_  
Request for Immediate Examination: \_\_\_\_\_  
Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_  
Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_  
Priority Document(s): ✓ Number of copies included 1  
Date of 35 USC Receipt of Request: 5.9.05 **Notes:** \_\_\_\_\_  
Date Completion USC 371 Requirements: 1.3.06 |  
Notice of Missing Requirements: 10.29.05 |  
Notice of Defective Response: \_\_\_\_\_ |  
Notice of Acceptance: 2.16.06 |  
Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_  
Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_